

STATE OF MISSISSIPPI

MAR 8 4 26 PM '01

## Certificate of Trust

BK 88 679

The undersigned Trustor and Trustee(s) hereby certify the following:

1. This Certificate of Trust refers to the FIKES LIVING TRUST, dated March 07, 2001 under a revocable trust agreement executed on March 07, 2001 by DOVIE FIKES as Trustor.
2. The address of the Trustor is 9075 Triple Crown Loop W., Southaven, Mississippi 38671.
3. The initial Trustee of my Trust is:  
  
DOVIE FIKES
4. The present Trustee is:  
  
DOVIE FIKES
5. Unless otherwise provided in my Trust Agreement, when I am serving as Trustee under my Trust, I may conduct business and act on behalf of my Trust without the consent of any other Trustee.
6. My Trustee(s) under my Trust Agreement is/are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in my Trust name. All powers of my Trustee(s) are fully set forth in Article Eleven of my Trust Agreement.
7. My Trust has not been revoked and there have been no amendments limiting the powers of my Trustee over trust property.
8. No person or entity paying money to or delivering property to my Trustee shall be required to see to its application. All persons relying on this document regarding my Trustee(s) and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of DeSoto, Mississippi on March 07, 2001.

Trustor:

Dovie Fikes  
DOVIE FIKES

Trustee:

Dovie Fikes  
DOVIE FIKES

Jennifer P. Owen  
SIGNATURE OF FIRST WITNESS  
Jennifer P. Owen  
NAME OF FIRST WITNESS

404 Gartin Drive  
STREET ADDRESS

New Albany MS 38652  
CITY, STATE, ZIP

Verdie S. Finner  
SIGNATURE OF SECOND WITNESS

Verdie S. Finner  
NAME OF SECOND WITNESS

4057 Double Tree  
STREET ADDRESS

Memphis TN 38109  
CITY, STATE, ZIP

STATE OF MISSISSIPPI )

COUNTY OF DESOTO )

SS

Personally appeared before me, the undersigned authority in and for the said county and state, on March 07, 2001, within my jurisdiction, the within named DOVIE FIKES, Owner and Nominee, who acknowledged that she voluntarily executed the above and foregoing instrument in said representative capacity, after first having been duly authorized so to do.

Arlene Owen My commission expires:  
Notary Public

MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES APRIL 29, 2001  
BONDED THRU STEGALL NOTARY SERVICE

Prepared by:  
Sylvia Owen  
Owen Law Firm  
311 Magazine St., P. O. Box 7252  
Tupelo, MS 38802  
(662) 841-9333 FAX (662) 841-9309  
trustsylvia@ebicom.net

